



EMPLOYER REGISTRATION FORM
2009 Pharmacy Jobs Fair
Ohio Northern University

Monday, October 12, 2009

Employer Registration Deadline:
September 28, 2009
\$100 discount if payment
received by September 14



Please register by September 28, 2009. To register, complete the form and:

Fax to: Jane Ward, 419-772-2007 OR Mail to: Jane Ward

Office of Career Services
 Lehr Kennedy House
 Ohio Northern University
 525 South Main Street
 Ada, Ohio 45810



THE FOLLOWING INFORMATION WILL BE COMPILED & PROVIDED TO STUDENTS IN ADVANCE OF THE EVENT. (Please type or print)

Organization Name _____ Web Address _____

Contact Person _____ Title _____

Email _____ Phone _____ Fax _____

Mailing Address _____
 Street/Box _____ City _____ State _____ Zip _____

Brief description of your organization:

For positions that are _____ full-time (P6's) _____ Summer Intern (P-2's – P-5's)

If applicable, position(s)/ title(s) being recruited _____
 Candidate specifications required _____

Please indicate the size of your display. Is it freestanding?

Sorry, we are unable to supply electrical outlets in this facility. Wireless internet connection will be available.

How many recruiters will be representing your organization? _____ How many recruiters will be staying for lunch? _____

Do you wish to schedule interview appointments in the afternoon? _____ Yes _____ No

Recruiter(s) Attending – Please indicate if recruiter is an **Alumni** of Ohio Northern University

Name	Title	E-mail address	Alumni
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COST:

Initial cost covers two (2) recruiters and one (1) covered eight-foot table, two (2) chairs, and lunch at a cost of \$500.00

EARLY REGISTRATION DISCOUNT IF PAYMENT RECEIVED BY SEPTEMBER 14, 2009 = \$400.00 \$ _____

Additional recruiters representing your organization _____ (\$100.00/person) \$ _____

Additional covered 8-foot tables with two (2) chairs needed _____ (\$50.00/table) \$ _____

TOTAL ENCLOSED: \$ _____

Payment Info: _____ Check payable to **ONU/Pharmacy Jobs Fair** enclosed **OR**

_____ Credit Card: (please circle) MasterCard, VISA, DiscoverCard

Credit Card Account # _____ Cardholder's Name _____

Expiration Date _____ Total Amount Charged _____ Daytime Cardholder Phone _____

Cardholder's Signature _____